

## State of South Dakota Statement of Financial Interest Elected Official

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File statement within 15 days after taking your oath of of convention nomination certification was filed. Please re-	ffice in the office where your nguinating petition or ad information on reverse side before completing this
form.	S.D. SEC. OF STATE
1. Name Willam M. Mo	bol-
	ay 79 RCS1 57707
3. Elected Office Senate	<i>O</i>
If there is no change in your financial interest since the filing of sign and return.	1
Date: <u>Jan 13,05</u> (Signed) <u>U</u>	reliam M. Massol.
If there are changes, please complete the following:	
4. What is your occupation/profession?	
5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.	What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.
·	· · · · · · · · · · · · · · · · · · ·
6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.	What is the nature of your immediate family's association with each? $Filed\ this\ MM$
	day of
	( ): M J . 05
State of South Daketa	Verification Verification
ý ss.	Verification STATE
County of)	
I have reviewed paragraphs 1 through 6 of the Information Re Statement of Financial Interest and certify that the information my financial interests for the preceding calendar year.	
(Signed)	)
Sworn to before me this day of, 1	19
(Seal)	00 11 11 12 0 0
Revised 1997	Officer Administering Oath My commission expires:

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## State of South Dakota Statement of Financial Interest Candidate for Public Office

Appendix A
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MAR 1 5 2004

MAR 2 6 2004 Candidate for Public Office

S.D. SEC. OF STATE
File statement in Stille Strice water your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.	
1. Name William "Bill" NE	4 POLI
2. Address <u>(0180 S. Hwy 79</u>	RAPID City SD 57702
3. Office Sought STATE SENATE	District 35
4. What is your occupation/profession? Busines	S OWNER
5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.	What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.
Motion UNLIMITED	OWNERS
Museum & Antique CAR LOT - (OWNER BILL DA	poli)
Rental Property (Bill Napoli) 5D STATE Legislature (Bill Napoli) 6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of	) Legislator.
the capital or stock. Identify who has the ownership interest in each enterprise.	What is the nature of your immediate family's association with each?  Filed this
	Chi Nelson
	SECRETARY OF STATE
State of South Dakota ) SS.  County of Ss.	Verification
I have reviewed paragraphs 1 through 6 of the Information Regardstatement of Financial Interest and certify that the information remy financial interests for the preceding calendar year.  (Signed) _  Sworn to before the this day of	
(Seal)	Officer Administering Oath  My commission expires: 3-9-0